

COMPLEX MEDICAL SYMPTOMS INVENTORY

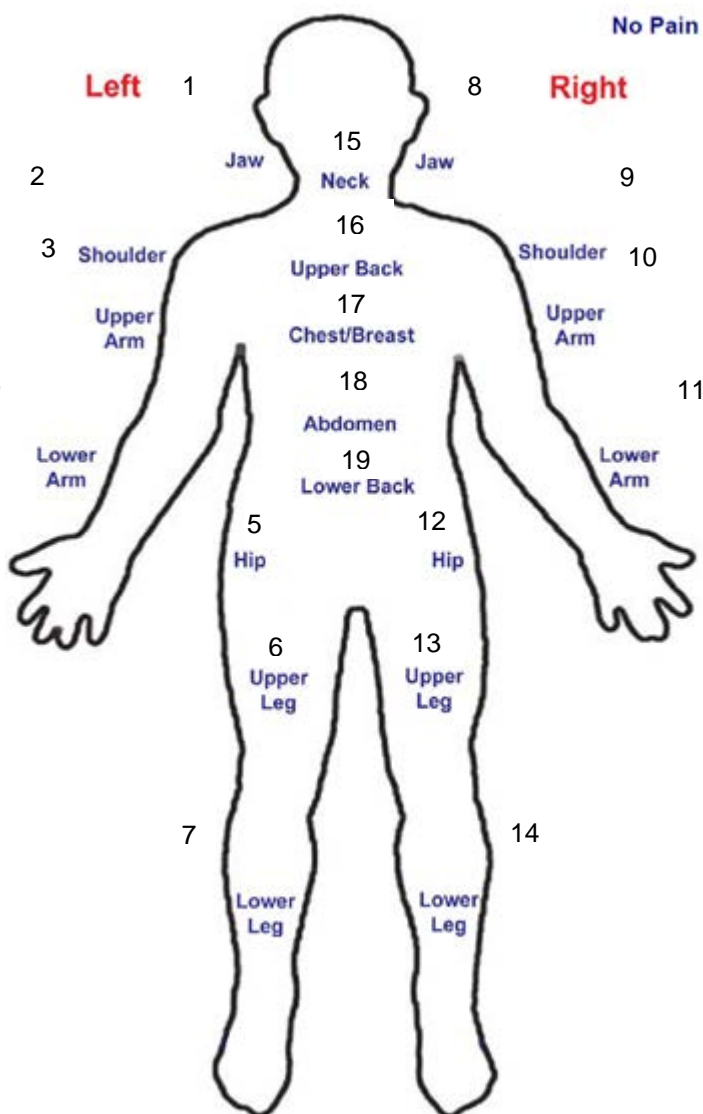
Fibromyalgia Symptoms Modified (ACR 2010 Fibromyalgia Diagnostic Criteria)

RESEARCH COORDINATOR ADMINISTERS TO PATIENT AT BASELINE CONTACT, IF NEEDED.

1. Please indicate below if you have had pain or tenderness over the past 7 days in each of the areas listed below. Check the boxes below for each area on the body diagram if you have had pain or tenderness. Be sure to **mark both right side and left sides separately**.

99

Left
No Pain
Right



The diagram shows a human silhouette with 19 numbered regions for pain assessment. Regions 1-14 are on the left and right sides respectively, and regions 15-19 are in the center. The regions are: 1. Jaw, 2. Neck, 3. Shoulder, 4. Upper Back, 5. Chest/Breast, 6. Abdomen, 7. Lower Back, 8. Hip, 9. Upper Leg, 10. Lower Leg, 11. Hip, 12. Upper Leg, 13. Lower Leg, 14. Lower Leg, 15. Neck, 16. Upper Back, 17. Chest/Breast, 18. Abdomen, 19. Lower Back.

- ₉₉ No Pain
- ₁ Left Jaw
- ₂ Left Shoulder
- ₃ Left Upper Arm
- ₄ Left Lower Arm
- ₅ Left Hip
- ₆ Left Upper Leg
- ₇ Left Lower Leg
- ₈ Right Jaw
- ₉ Right Shoulder
- ₁₀ Right Upper Arm
- ₁₁ Right Lower Arm
- ₁₂ Right Hip
- ₁₃ Right Upper Leg
- ₁₄ Right Lower Leg
- ₁₅ Neck
- ₁₆ Upper Back
- ₁₇ Chest/Breast
- ₁₈ Abdomen
- ₁₉ Lower Back



Participant ID: _____

Pin # _____

Discovery Site: _____

Clinical Center _____

CRF Date: ___/___/___

Visit #: _____

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2. Using the following scale, indicate for each item your severity over the past week by checking the appropriate box.

No problem

Slight or mild problems: generally mild or intermittent

Moderate: considerable problems; often present and/or at a moderate level

Severe: continuous, life-disturbing problems

	No Problem	Slight or Mild	Moderate	Severe
a. Fatigue	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. Trouble thinking or remembering	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. Waking up tired (unrefreshed)	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

3. During the past 6 months have you had any of the following symptoms?

- a. Pain or cramps in lower abdomen ₁ Yes ₀ No
- b. Depression ₁ Yes ₀ No
- c. Headache ₁ Yes ₀ No

4. Have the symptoms in questions 2-3 and pain been present at a similar level for at least 3 months? ₁ Yes ₀ No

5. Do you have a disorder that would otherwise explain the pain? ₁ Yes ₀ No

Fibromyalgia diagnostic criteria

Widespread Pain Index (WPI): Sum item scores from section 1 (**Q.#s 1b – 1t**); Range: [0, 19] Total: _____

Symptom Severity Score (SS): Sum item scores from sections 2 and 3 (**Q.#s 2a, 2b, 2,c; and 3a, 3b, 3c**)
Range: [0, 12] Total: _____

Fibromyalgianess Scale (FS): WPI (**Q.#s 1b – 1t**) + SS (**Q.#s 2a, 2b, 2,c; and 3a, 3b, 3c**) ;
Range: [0, 31] Total: _____

Diagnostic criteria for fibromyalgia:

- Symptoms have been present at a similar level for at least 3 months (yes to question 4) ₁ Yes ₀ No
[Q.#4 = 1]

AND

- Subject does not have another disorder *that would otherwise explain the pain* (no to question 5) ₁ Yes ₀ No
[Q.#5 = 0]

AND either of the following:

- WPI (**Q.#s 1b – 1t**) ≥ 7 and SS (**Q.#s 2a, 2b, 2,c; and 3a, 3b, 3c**) ≥ 5 ₁ Yes ₀ No

OR

- WPI (**Q.#s 1b – 1t**) between 3 - 6 and SS (**Q.#s 2a, 2b, 2,c; and 3a, 3b, 3c**) ≥ 9 ₁ Yes ₀ No